

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street Waterbury VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

August 28, 2015

Ms. Kimberly Roberge, Manager Craftsbury Community Care Center, Inc. 1784 East Craftsbury Road Craftsbury, VT 05826-9519

Dear Ms. Roberge:

The Division of Licensing and Protection completed a complaint investigation at your facility on August 19, 2015. The purpose of the investigation was to determine if your facility was in compliance with Residential Care Home Licensing Regulations. There were no regulatory violations as a result of this investigation.

If you have any questions regarding this report, please feel free to contact this office at (802) 871-3317.

Sincerely,

Pamela Cota, RN Licensing Chief

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Enclosure

PRINTED: 08/28/2015 FORM APPROVED

Division	of Licensing and Pro	otection				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		0292	B. WING		C 08/19/20	15
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		
CRAFTSBURY COMMUNITY CARE CENTER, IN CRAFTSBURY, VT 05826						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE CO	(X5) MPLETE DATE
R100	Initial Comments:		R100			
	self-reported incide Division of Licensin	nsite investigation into a nt was conducted by the g and Protection on 8/19/15. Ilatory deficiencies identified.				
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Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) OATE